Primary Registration District No. ... DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE VS 300 b. COUNTY admission) DATE AMENDED Dade Dade Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TÖWN TOWN Lockwood MO. Yes 🔲 No 🗇 Lockwood Mo. vrs c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR ADDRESS INSTITUTION Yes No 🗆 Yes 🔲 Ne 🗋 410 F 11th St  $\lambda$ 10 E 11th ST 3. NAME OF DECEASED Middle 4 DATE Last Day Year 3 (Type or print) Bell DEATH April 9 1963 Lasater Ida 9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married [] Never Married | 8. DATE OF BIRTH Hours Widowed 🞵 Divorced [ 96 5 Mar 14 1867 2 Female White 10a. USUAL OCCUPATION (Give kind of work: done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 6 during most of working life, even if retired) retired house wife JISA Ind. house work 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 7 Edward Lasater George Palmer Unkown 8 2. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) i (if yes, give war or dates of Armstrong Lockwood Mo. 18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 CORD IMMEDIATE CAUSE (a) 능 11 B Conditions, if any, DUE TO (b) -0 INSTE which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased ō disease condition given in PART I (a) there a pregnancy in last 90 days. ☐ Yes ☐ Unknown 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO IN 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 201. CITY, TOWN, OR LOCATION STATE COUNTY 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED WHILE AT WORK | farm, factory, street, office bidg., etc.) READ to Mar 8, 1962 and last saw her alive on. m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred SHOULD USE 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 22a. SIGNATURE チーノカームろ AFFIDAVIT 23d. LOCATION (City, town, or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a, BURIAL, CREMATION, Š REMOVAL (Specify) Dade Co Mo. Collina 25. DATE RECD. BY LOCAL BEG. 26. REGISTRAR'S SIGNATURE Allison Funeral Home GReenfield (Licensed Embelmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

## STATEMENT BY LICENSED EMBALMER

r by	<u> </u>		, Student Embalmer No
orking under my	y personal supervision.		<b>n</b> : 0 -
tudent	<del> </del>	Signed	R Mlisa
	Signature of Student Embaimer		
• · · ·	1.184. 金属铁	SAR OF THE PARTY	Licensed Embalmer No.
			P. O. Address Helm Left
Note. The	above MIIST RE SIGNED RY TH	IF LICENSED EMBALMER in EA	OWN HANDWRITING. (Failure to comply

If this body is not embalmed, fact should be so stated above.